



SETRAC Trauma Data Registry Subcommittee

Thursday March 27, 2025
SETRAC Conference Center, 1111 N. Loop West, Suite 160, Houston, TX 77008

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TOPIC	DISCUSSION/RECOMMENDATION	ACTION/FOLLOW-UP
Presenter: Andrew Hiriart Topic: Call to Order/Approval of Minutes	Andrew Hiriart called the meeting to order. The minutes from the meeting on January 9, 2025, were approved by Julie Matson and Jackline Nwokejiobi. Attendance will now be tracked by going to https://www.setrac.org/trauma or the QR Code at the end of the meeting.	The committee has no further recommendations.
Presenter: Andrew Hiriart Topic: New Business 1Q-Q3 2024 Data Review Adult	Andrew reported on the adult trauma data and answered questions. SETRAC Trauma Level by Month Data was shown for the first three quarters of January – September 2024 separated by Level designation. Noted increase in volume across all levels in September. Total patients were reported at 24,742. SETRAC Trauma Level by Month Direct Presentations A new data slide was shown for the first time representing total non-transfer vs total records by level. It was discussed that this better represents the true total volume of actual trauma patients which was reported to be 19,200 across all levels. The total volume of 24,742 is still important to note as it includes transfers whereby both a lower and higher facility have included a record since both facilities utilized trauma resources for the patient and they met NTDB inclusion criteria. Going forward the committee will review both numbers in comparison. Q1 2018 – Q3 2024 data for total patients by level trending was shown and discussed Levels by ISS Level II showed 16 missing ISS and Level IV showed 24. They will be researching to get clarification as to why. Records Missing ISS This slide showed the trend year by year from 2015 to Q1-Q3 2024 – the committee discussed possible reasons and solutions for the missing data.	Jessica will give the Q1-Q3-Pediatric Data Review on May 1, 2025



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	Grace informed on ESO update regarding the two different ISS fields that get reported and why we utilize the calculated ISS field in our reporting. Education is ongoing regarding ISS scoring. Injury Severity Score with Mortality The ISS mortality was shown and discussed broken down by total records, the total mortality, and total records that represented the death and ISS category they were in. 1 record from a Level 4 facility without an ISS score represented a death, perhaps awaiting an autopsy for finalization of the data. All mortality was less than 5 % for all levels and on trend with previous reports. Trended mortality from 2015 through Q1-3 2024 was show, and the regional average for Q1-3 2024 was 2.76% Mortality by Age Data is on trend with previous reports. Data broken down by age groups by the total of patients and number of deaths. Typically ages 19-44 tends to rise in mortality by a percentage and then drops down. They tend to see more in the geriatric elderly plus population with increase in falls, morbidity, and mortality they will continue to watch the trends. Hospital Arrival Method A breakdown was shown on the different methods of arrival and discussed. Ground ambulance is the bulk of patient presentations. Not documented category was discussed. Data was also shown for the first time representing direct presentations only which would exclude any duplications in arrivals for transferred patients. We will continue to present this new data slide in future meetings as it helps to better understand transfer methods.	



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Presenter: Andrew Hiriart Topic: Coding Education	• Hospital Arrival Method by ISS Arrival method was broken down by ISS category and designation level. • Top Five Mechanisms of Injury Falls still show as the number one mechanism. Missing MOI was discussed as it represented the 6th most common at 3.4 percent. It was discussed that this is a required element for inclusion criteria into trauma registry. • Mechanisms of Mortality by year The mechanisms of mortality for Q1 -Q3 2024 were displayed. It was discussed that falls have increased 20% since 2016 and that IP initiatives do focus on this MOI. • Top Mechanism of Mortality This new data slide was shown with MOI and percent mortality along with actual number of deaths. While falls represented the highest total of deaths, this is a large N volume with a percentage of only 2.1 Firearms however had the second highest total deaths but represented the second highest mortality percentage of 12.9. Fire presented to be the most fatal at 19.4% however not all facilities include burns in their registry data. • Transfer Out by Level Q1 – Q3 2024 data was discussed. Data was changed from a pie chart to a table format and will continue to be represented as such moving forward. A total of 2572 (10.4%) of patients were transferred across the region and all levels with the bulk of them coming from level 3 and 4 facilities and the least from the top two levels which is on trend.	



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Presenter: Rebecca Crocker/Chris Campbell Topic: Standing Reports - o Trauma Registry Workgroup Update - o ACS Update - o Trauma Rules Update	Due to the length of the adult trauma data review the meeting ran over. Rebecca will give her update for the trauma registry workshop at the May 1, 2025, meeting. Chris Campbell will give her report at the May 1, 2025, meeting.	The committee has no further recommendations.
Open Discussion	Due to the length of adult trauma data review the meeting ran over.	Open discussion will be discussed at the May 1, 2025, meeting.
Next Meeting /Adjourned	There being no other items for discussion, the meeting was adjourned. The next meeting – Trauma Day, Thursday, May 1, 2025, 9:00am – 10:00am – In Person Meeting	
Attendees	Jackline Nwokejiobi, Rebecca Crocker, Hersila Gopal, Tammi Culp, Ben Shapley, Julie Matson, Alyssa Badillo, Kristal Whittington, Christine Campbell, Gloria Bagshaw, Andrw Hiriart, Jessica Yell	Code Words Minute/Maid